

F 030000034824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

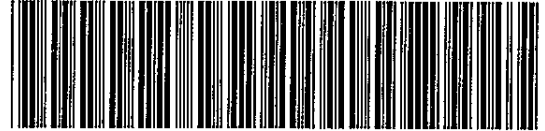
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9/11/04 3/15*

TRANSMITTAL LETTER

Amendment Section
Division of Corporations

SUBJECT: FMS Wellness, Inc.
(Name of corporation)

DOCUMENT NUMBER: P03000034824

Enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dieter Carlton
(Name of person)

SynerDyn, Inc.
(Name of firm/company)

2441 Benjamin Drive
(Address)

Kissimmee, Florida 34744
(City/state and zip code)

For further information concerning this matter, please call:

Lisa M. Davis at (407) 897-3435
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

I want to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1 The name of the corporation: FMS Wellness, Inc.

2 The principal office address: 3007 Lake Arnold Place
Orlando, Florida 32806

3 The mailing address (if different): _____

4 Date of incorporation/qualification: March 27, 2003 Document number: P03000034824

5 The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lisa M. Davis
3007 Lake Arnold Place
Orlando, Florida 32806

6 The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dieter Carlton
2441 Benjamin Drive
(P.O. Box or personal mailbox NOT acceptable)
Kissimmee, Florida 34744

7 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

8 The change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by its board, or the corporation has been notified in writing of the change.

Lisa M. Davis
(Signature of an officer or director)

Lisa M. Davis, N.D.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, and I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

02/26/2004
(Date)

I am signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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04 MAR 22 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA